

Express Mail Label No.: EV458033564US

H0003011DIV
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hager et al.	:	
	:	Art Unit: 3662
Serial No.: 10/657,883	:	
	:	Examiner: Alsomiri, Isam A.
Filed: September 9, 2003	:	
	:	
For: METHODS AND APPARATUS FOR	:	
CONVERSION OF RADAR RETURN	:	
DATA	:	

AMENDMENT

Hon. Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In response to the Office Action dated April 5, 2004, please amend the above-identified patent application as follows:

05-18-04

ifw

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Applicant: Hager et al. :
Serial No.: 10/657,883 : Art Unit: 3662
Filed: September 9, 2003 : Examiner: Alsomiri, Isam A.
For: METHODS AND APPARATUS FOR :
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DATA :

Mail Stop: NON-FEE AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
Transmittal (3 pgs., in duplicate); Amendment in Response to Office Action dated April 5, 2004 (5 pgs.); Return post card

STATUS

2. Applicant
☐ claims small entity status.
☒ is other than a small entity.

**CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER FOR PATENTS**

Express Mail No. EV458033564US

Date: May 17, 2004

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop NON-FEE AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.


Robert E. Slenker, Reg. No. 45,112

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 110.00	\$ 55.00
<input type="checkbox"/> second month	\$ 410.00	\$ 205.00
<input type="checkbox"/> third month	\$ 930.00	\$ 465.00
<input type="checkbox"/> fourth month	\$1,450.00	\$ 725.00
<input type="checkbox"/> fifth month	\$1,970.00	\$ 985.00

Fee Due \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE	
TOTAL	MINUS		=	x \$9 = \$		x \$18 = \$	
INDEP.	MINUS		=	x \$42 = \$		x \$84 = \$	
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$140 = \$		+ \$280 = \$	
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$	

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$

FEE PAYMENT


5. Attached is a check in the sum of \$
☐ Charge Deposit Account No. 01-2384 the sum of \$.
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:



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